U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Phoenix Area Indian Health Service Colorado River Service Unit Route 1, Box 12 Parker, AZ 85344

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

ANNOUCEMENT NUMBER: OPENING DATE: CLOSING DATE: CRSU-05-53 05-02-05 05-06-05

In accordance with 5 USC 3310 and Section 401 of the Civil Service Regulations, consideration for this position is restricted to Veteran's Preference eligible.

POSITION TITLE/SERIES/GRADE: Custodial Worker, WG-3566-2

STARTING SALARY: WG-2: \$11.26 PH

PROMOTION POTENTIAL: None SUPERVISORY/MANAGERIAL: No RELOCATION EXPENSES: None

APPOINTMENT/WORK SCHEDULE: 1 Permanent Full-Time **AREA OF CONSIDERATION:** Community Area

DUTY LOCATIONS: Parker, AZ

JOB DESCRIPTION: Incumbent performs housekeeping functions such as scrubbing, stripping, waxing, polishing floors; dusting, washing walls and windows. Cleans patient units including "isolation" areas which requires application of specific disinfecting procedures. Cleans offices, corridors, storage rooms, examination and treatments rooms and other areas. Move heavy furniture, supplies and equipment; and performs preventive maintenance as required. Collects and prepares soiled linen for laundry pick up; receives and shelves clean linen. Collects and disposes of trash; ensures high standard of cleanliness and adjustments as necessary. As required, assists in patient care (e.g., moving beds, moving patient from bed to stretcher, etc.). Incumbent will be working rotating shifts, e.g. evenings, nights, weekends and holidays. Performs other related duties as required.

WHO MAY APPLY: All Sources. Federal employment status is not required. U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- PHS Commissioned Corps Officers Current active or inactive Commissioned Officers may apply.
- Veteran's Preference Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

CONDITIONS OF EMPLOYMENT:

- 1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
- 2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
- 3. Selectee(s) are required to complete a "Declaration of Federal Employment Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.

- 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
- 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
- 6. Some service units operate under extended service hours 7 days per week.
- 7. The incumbent may be required to travel and must possess a valid driver's license.

QUALIFICATIONS REQUIRMENTS: Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements. Applicants must have the experience and/or education as follows: Ranking KSA for Custodial Worker

- 1. Reliability and dependability as a Custodial Worker.
- 2. Ability to handle weights and loads.
- 3. Work practices (knowledge of standard cleaning techniques).
- 4. Ability to follow oral and written instructions.
- 5. Dexterity and ability to use equipment safely.

TIME IN GRADE: Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

LEGAL AND REGULATORY REQUIRMENTS: Candidates must meet time-after competitive appointment, time-ingrade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's)

SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA): On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

SEE ATTACHMENT

HOW TO APPLY/REQUIRED FORMS:

- 1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, <u>or</u> (2) Resume (see requirements in **Attachment A**).
- 2. If claming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
- 3. If claming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
- 4. Copy of latest Personnel Action (SF-50), if a current or formal employee, and/or if requesting Reinstatement Eligibility.
- 5. Copy of the most recent performance appraisal, if a current Federal employee.
- 6. Copy of current unrestricted Medical License if applicable.
- 7. Completed PL 101-630 Questionnaire (form attached)
- 8. Completed Selective Service Registration Form (form attached)
- 9. Written Responses to the Knowledge, Skills, and Abilities (KSA)

(OPTIONAL ~ failure to submit may result in an ineligible rating or substantially lower score).

10. Commissioned Corps Officer: (1) latest COER, and (2) current Billet Description, and (3) BIA FORM 4432 if claiming Indian Preference.

Application and required forms must be identified by this announcement number and submitted to the address below:

ATTN: CRSU-05-53 Office of Human Resources Colorado River Service Unit

Route 1, Box 12 Phone: (928) 669-3120 **Parker, AZ 85004 Fax:** (928) 669-3331

All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will <u>not</u> be honored. Additional information regarding Federal job opening can be obtained at <u>www.opm.gov</u>, or at USAJOBS <u>www.usajobs.opm.gov</u> or check the IHS Website at <u>www.ihs.gov</u>. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: (Call (928) 669-3120 to contact a Human Resources Specialist.) Date: 05-02-05

ATTACHMENT A

<u>Resume Requirements</u> - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and Address
 - Employer's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do <u>not</u> want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do <u>not</u> want your current supervisor contacted for reference purposes.

ATTACHMENT B

- 1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you MUST also meet the criteria shown in paragraph 3 below.
- 2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you MUST also meet the criteria shown in paragraph 3 below.
- 3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you <u>MUST</u> also meet ALL of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy <u>MUST</u> be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential that the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application MUST include ALL documents that support your claim of eligibility for priority consideration RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting are; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
 - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Date signed {please use ink}

Check	one:		
{ }	I certify I am registered with the Selective Service System.		
{ }	I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.		
{ }	I certify I have not registered with the Selective Service System.		
{ }	I certify I have not reached my 18 th birthday and understand I am required by law to register at that time.		
NON-R	EGISTRANTS UNDER AGE 26		
	re under age 26 and have not registered as required, you should register promptly at a United States Post Office ular office if you are outside the United States.		
NON-R	EGISTRANTS AGE 26 OR OVER		
longer unless willful. stateme	vere born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no register under Selective Service law. According, you are not eligible for appointment to an executive agency you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor You may request an OPM decision through the agency that was considering you for employment by returning this ent with your written request for an OPM determination together with an explanation and documentation you wish to prove that your failure to register was neither knowing nor willful.		
PRIVA	CY ACT STATEMENT		
3328, f	e information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. failure to provide the information requested by this statement will prevent any further consideration of your tion for appointment. This information is subject to verification with the Selective Service System and may be ded to other Federal agencies for law enforcement or other authorized use in implementing this law.		
FALSE	STATEMENT NOTIFICATION		
	statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be ed by fine or imprisonment (Section 1001 of title 18, United States Code).		
Legal s	ignature of individual {please use ink}		

Addendum to Declaration for Federal Employment (OF 306) Indian Health Service Child Care & Indian Child Care Worker Positions

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	15a. Agency Specific Questions	
Nam	(Please print)	Social Security Number:
Job 7	Title of Announcement:	Announcement Number:
	on asking whether the individual has ever been	ic Law 101-647, requires that employment applications for Federal Child care positions contain an arrested for or charged with a crime involving a child and for the disposition of the arrest or
and Hu		, Public Law 101-630, requires a criminal record check for positions in the Department of Health th or control over Indian Children. The agency must ensure that persons hired for these positions indere to violent crimes.
To ass	sure compliance with the above laws, the	following questions are added to the Declaration for Federal Employment.
1)	Have you ever been arrested for or char [If YES, provide date, explanation of the address of the police department or cur.	ged with a crime involving a child? YES NO e violation, disposition of the arrest or charge, place of occurrence, and the name and rent court involved.]
2)	misdemeanor offense under Federal, Staprostitution, or crimes against persons?	e violence, description of the arrest or charge, place of occurrence, and the name and
years i	imprisonment, or both; and (2) I have rec	is is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 beived notice that a criminal check will be conducted. I understand my right to obtain a able to the Indian Health Service and my right to challenge the accuracy and the report.
Appli	cant's Signature: (Sign in ink)	Date
Public	Burden Statement: In accordance with Pa	perwork Reduction Act (5 CFR 1320.8 (b) (3), a Federal agency

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b) (3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instruction, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. *Please do not send completed data collection instruments to this address.*

FORM APPROVED: O.M.B NO. 0917-0028 Expires 11/30/2005

SUPPLEMENTAL EXPERIENCE STATEMENT FOR CUSTODIAL POSITIONS

Below you will find a questionnaire which you are requested to complete as part of your application for this position. Answer all of the questions as best you can. It will be to your advantage to give as much information as possible about your ability to do the work. Be sure to include any and all custodial work such as military service, volunteer or unpaid work such as in clubs, church, community service work, etc.

THE OFFICE OF PERSONNEL MANAGEMENT MAY VERIFY STATEMENTS CONCERNING QUALIFICATIONS. EXAGGERATION OR MISSTATEMENTS MAY BE CAUSE FOR YOUR DISQUALIFICATION OR LATER REMOVAL FROM THE FEDERAL SERVICE.

A. Reliability and Dependability as Custodial Worker

What is the longest length of time you have work	ted for one person or company?
More than 2 years	Less than 6 months
More than 1 year	Only on summer jobs while in school
More than 6 months	Never been employed
In the last 12 months, how many times were you	absent from work or school when you were supposed to be there?
How many times were you late to work or school	in the last 12 months?
Have you been fired within the last 5 years for do Yes No	oing poor work or for not working when you should have been?
If yes, from which job?	
What was the highest grade of school you compl	leted?
If you were a recent student, what was your grad Lower ½ of class	le average? Upper ½ of class
B. Ability to Handle Weights and Loads	
Have you ever had any training for the kind of wolf yes, what kind of training?	ork for which you are applying? Yes No
Vocational High School Manpower Development On-the-Job Training	Job Corps Welfare Training Center Other (Explain)
Can you lift and carry a five-gallon pail full of wat	er? Yes No
Can you move furniture?	Yes No
Have you carried objects weighing 50 pounds?	Yes No
Did you ever have to stand up all day?	Yes No
Where? (Explain)	

Work Practices		
Check all the jobs you have held	either part-time or full-time.	
Paper (Boy/Girl)	Mowed lawns	Laundry worker
Shop helper	Bus boy or kitchen helper	Produce attendant
Farm laborer	Service station attendant	Other
Stock boy/girl	Janitorial worker	Other
	nted by your bosses on being a good work at were you being complimented?)	<u>ter or on being a superior worker?</u>
What jobs have you held where building was it (i.e., hospital, stor	you had to keep a building or area of a buildin e, school, etc.)?	g clean, neat, and in order; and what type of
Name the type of tools and equip	oment you have used for cleaning floors, wall,	windows, lavatories, etc.
D. Ability to follow Oral and	Written Directions	
Are you able to read and write E	nglish? Yes No	
Did you fill out this application yo	urself? Yes No	
If no, who helped you?		
On the jobs you have had, did y boss? Yes No	ou ever have to follow written directions in n	nanuals, books, or signs or notes from your
If yes, on what jobs?		
Have you ever had to follow orde	ers that are always changing? Explain:	
E. <u>Dexterity and Ability to Use</u>	se Equipment safely ing equipment such as hand trucks, dollie	s. or similar equipment? (If ves. tell what
equipment you have used.	g squips saon as hand hashe, dolle	-, -: -: What

Did you ever repair or adjust equipment on the job, such as changing belts, brushes, adjusting handles, oiling, cleaning, and adjusting? If yes, what did you do?

Have you ever used or operated any other equipment like lawn mowers, lawn tractors, laundry, or food processine equipment? If yes, tell what kinds.	ng
Describe any safety training you have received on jobs you have held.	
Have you ever given safety training to other employees? On what jobs:	
Have you ever been injured in an accident on the job? If yes, describe the accident or accidents and tell if any were lo time.	st
CERTIFICATION	
CERTIFY that all of the statement made in this application are true, complete, and correct to the best of n knowledge and belief, and are made in good faith.	ıy
Signature Date	